

**ISSUE SLIP STAPLE AREA** (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	jew	1030	4-26-01
<b>RESPONSE FORMALITY REVIEW</b>	TZ	947	07/23/01

## **INDEX OF CLAIMS**

<input checked="" type="checkbox"/> ..... Rejected <input type="checkbox"/> ..... Allowed <input type="checkbox"/> ..... Canceled <input type="checkbox"/> ..... Restricted	<input type="checkbox"/> ..... Non-elected <input type="checkbox"/> ..... Interference <input type="checkbox"/> ..... Appeal <input type="checkbox"/> ..... Objected
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here